Lake Forest
Pediatric Associates
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VACCINES FOR CHILDREN (VFC) PROGRAM

How does the program work?

Patients who are eligible for the program are provided vaccines at the expense of the government. All the vaccines are name brand and FDA approved for most childhood immunization series. In some cases, the vaccine is the same as the ones our practice purchases from the manufacturer. In other cases, the State provides another name brand vaccine that has also been FDA approved. We do not charge for the vaccine but will charge for the administration of the vaccine.

How much does it cost?

If VFC immunizations are given, vaccine is free and there is a $23.87 administration ***fee per vaccination given***. This amount is set by the State, is due at the time of the visit and cannot be billed to an insurance company.

Who is eligible?

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program.
- **Uninsured:** A child who has no health insurance coverage.
- **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603).

You will be asked to review and sign this form each time your child visits our office for immunizations.

10-24-13

LAKE FOREST PEDIATRIC ASSOCIATES IMMUNIZATION FORM

Date_____ Name_____DOB_____ Phone_____

weight_____ temp_____ oral ax rect tym Patient here with: [ ] mother [ ] father [ ] self [ ]_____

[ ] patient has no current illness
[ ] no previous vaccine reactions
[ ] vaccine reaction:

[ ] no chronic illness
[ ] no asthma
[ ] no wheezing in past year - treated

current medications

medication allergies

other allergies (egg)

[ ] No known drug allergies
[ ] No immunocompromised contacts
[ ] Not pregnant

DTaP-IPV-HIB	MMR	Hepatitis A
DTaP	Varicella	Influenza
IPV	Td	Intranasal Influenza
HIB	Tdap	PPD
Pneumococcal	MPSV4 or MCV4	HPV
Rotavirus	Synagis	MenB
Hepatitis B		

Other _____

Vaccine(s) ordered by: _____
Signature of provider

Given to parent/guardian/designate

[ ] VIS for **Multiple Vaccines** 11/05/15
[ ] VIS for **DTaP (include DT)** 05/17/07
[ ] VIS for **Polio** 07/20/16
[ ] VIS for **HIB** 04/02/15
[ ] VIS for **Pneumococcal Conjugate (PCV13)** 11/05/15
[ ] VIS for **Rotavirus vaccine** 04/15/15
[ ] VIS for **Hepatitis B** 07/20/16
[ ] VIS for **Hepatitis A** 07/20/16
[ ] VIS for **MMR** 04/20/12
[ ] VIS for **Varicella** 03/13/08
[ ] VIS for **Td/Tdap** 02/24/15
[ ] VIS for **Meningococcal** 03/31/16
[ ] VIS for **HPV** (Gardasil-9) 12/02/16
[ ] VIS for **B Meningococcal** 08/09/16
[ ] VIS for **Influenza** 08/07/15
[ ] VIS for **Intranasal Influenza** 08/07/15

I have been informed about the vaccine(s) recommended for me or my child and have had all my questions answered. I have reviewed written material provided discussing the vaccine(s). I understand the benefits and risks and ask that the vaccine(s) be given to me or to the child named above (for whom I am authorized to make this request).

**** Due to reports of dizziness and fainting after vaccine injections in adolescents, all patients over age 11 should wait in our office for 15 minutes after receiving a vaccine injection.**

_____
signature of parent/guardian/legal designate and date

Failure to Follow Immunization Schedule

At my request, my child's immunizations are being administered on a non-standard schedule. I understand that I will be required to bring my child in for additional visits, which may or may not be covered by my insurance, and agree to be responsible for any non-covered charges. I understand that vaccine's effectiveness has only been tested/approved when given according to specific schedules.

_____
signature of parent/guardian/legal designate and date

_____ All Kids (Illinois Department of Health Care/Family Services)

My child **is** eligible for the VFC program. I want my child to receive VFC vaccines at this visit.

_____ _____
Child's Name (please print) Parent or Guardian Signature and Date

My child **is not** eligible for the VFC program.

_____ _____
Child's Name (please print) Parent or Guardian Signature and Date **01/06/17**